

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVSD4912AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2009
NAME OF PROVIDER OR SUPPLIER A WINDAELS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3329 IRV-MARCUS DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 12/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, three Category I residents and two Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility recieved a grade of A. The following deficiencies were identified:	Y 000		
Y 251 SS=D	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.	Y 251		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 251	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/8/09, the facility failed to ensure perishable food was refrigerated at a temperature of 40 degrees or less. Eggs were observed stored on top of the refrigerator. Severity: 2 Scope: 1	Y 251			

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